



Add  
Change  
Delete

WA 5185  
8/4/1988  
EPA IA

Requested by: J. Fey  
Date: 8/14/88

## FINDS Input Form

EPA ID Number:	WAD 98-265-5185		
Facility Name:	FREEDOM MARINE ENGINEERING AND DESIGN		
Street:	E 1202 FRONT AVE		
City:	SPOKANE	State:	WA Zip Code: 99202
County Code :	SPOKANE (063)	Congressional District :	
Owner Type :	P	Operator Type :	
Latitude :		Lat-Long Source :	
Longitude :		Lat-Long Accuracy :	
SIC Codes :			
Indian Land :	(Y,N)	Federal Facility :	(Y,N)
Comments :			
HWDMS (OSW)	:	:	:
PCS (OWEP)	:	:	:
CDS (OAR)	:	:	:
FATES (OPTS)	:	:	:
CERCLIS (OERR)	:	:	:
DOCKET (OECM)	:	:	:
FURS (OW)	:	:	:
FRDS (ODW)	:	:	:
SIA	:	:	:
HWCTDB (OSW)	:	:	:
CICIS (OTS)	:	:	:
STATE SYS	:	:	:

USEPA RCRA



3019005

Date Received: 8/14/88 Loaded by: LS  
Assigned: Date: 8/8  
Date: Verified by: 8/12 LS  
Logged:



I. EPA/STATE Hazardous Waste I.D.#  
W A D 9 8 2 6 5 5 1 8 5

II. Waste Designated By:  
RCRA/State SQ/RCRA  
State Only  
Non-Regulated/Non-Handler/Protective Filing

III. Exemption Status:  
RCRA Exempt Recycler  
State Exempt Recycler  
Below QEL  
Other

IV. Handling  
Emergency  
Remedial Action  
One-Time-Only  
Other

DEPARTMENT USE ONLY

FORM 2

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications  
Washington State Department of Ecology  
M/S PV-11 Olympia, WA. 98504-8711  
(206) 459-6305/6306

DATE IN TO DEPARTMENT

Init.: Date: Region:  
EPA: Date: Copy:  
Input: Update: Ack.:

DEPARTMENT USE ONLY

Type or Print in Ink—Form designed for use on Elite (12 pitch type)

1. ☒ A. FIRST NOTIFICATION (no previous application has been made for this site)  
☐ B. REVISED NOTIFICATION (date revisions effective: mm dd yy)  
☐ C. WITHDRAW SITE I.D.# (Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in Part 1F.)  
☐ D. REACTIVATE SITE I.D. # (Complete all sections of the form. Enter previously assigned I.D. # in Part 1F.)  
☐ E. CANCEL SITE I.D. # (Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in 1F.)  
☐ F. EXISTING I.D. # (Complete for items 1B, C, D, & E only) W A

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

6 0 0 — 4 3 9 — 5 3 9

3 7 3 2

3. NAME OF COMPANY

F R E E D O M M A R I N E E N G I N E E R I N G A N D D E S I G N

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

E A S T 1 2 0 2 F R O N T A V E N U E

CITY OR TOWN

STATE

ZIP CODE

S P O K A N E

W N

9 9 2 0 2

5. LOCATION OF WASTE ACTIVITIES (Installation)  
DESCRIPTION OF PHYSICAL LOCATION (Follow instructions Carefully)

6. COUNTY WHERE THIS INSTALLATION IS LOCATED

S P O K A N E

CITY OR TOWN

STATE

ZIP CODE

S P O K A N E

W N

9 9 2 0 2

7. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 7A, 7B, or 7C below that may apply)

7A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities)

☒ 1. GENERATOR = 3 C303-1 ✓

☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).

2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other

☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.

3b. Processes conducted or available at this facility;

(1) ☐ Treatment (2) ☐ Storage (>180 days) (3) ☐ Disposal

(4) ☐ Other (specify in comments).

☐ 4. UNDERGROUND INJECTION OF WASTE(S).

☐ 5. MARKET OR BURN DANGEROUS WASTE FUELS—5a. ☐ Generator Marketing to Burner 5b. ☐ Other Marketer

5c. ☐ Burner. (COMPLETE 7C—TYPE OF COMBUSTION DEVICE)

7B. USED-OIL FUEL ACTIVITIES.

☐ 1. OFF-SPECIFICATION USED-OIL FUELS—1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 7C)

☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION

7C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1 ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

7D. NEW REGULATORY REQUIREMENTS:

Indicate in the space provided, the activity you are notifying for, (if it is not listed above), for which you need an I.D. #.

(continue in Comments).

3. CONTACT PERSON

NAME (last),

(first)

T O L Y H O W A R D

TITLE

PHONE NO. (area code & number)

P R E S I D E N T 5 0 9 — 5 3 5 — 1 6 3 6

9A. OWNERSHIP (Legal Owner(s) of this Company)

H O W A R D F T O L Y

9B. OWNERSHIP (Legal Owner(s) of site (Property) )

H O W A R D F T O L Y

10A. TYPE OF OWNERSHIP (enter letter code in box)

SEE INSTRUCTIONS

P

10B. IS SITE LOCATED ON INDIAN TRUST LANDS?

Y=Yes N=No

N



11. WASTE IDENTIFICATION (Copy this page if you have more than 10 waste streams—other information (sections 12-15) not needed on continuation sheets)

A. N U M B E R	B.  Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E C O D E
1	SPENT ACETONE*	003		
2				
3				
4				
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 12C. indicate maximum to be accumulated on-site prior to shipment.

12A. ☐ (Batch Frequency \_\_\_\_\_)

QUANTITY

WEIGHT

CODE

12B. ☐ PER MONTH

QUANTITY

WEIGHT

CODE

12C. Amount to be Accumulated on-site prior to shipment

QUANTITY

WEIGHT

CODE

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

\*ALL ACETONE IS RECYCLED BY DISTILLATION AT THE FACILITY.

14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. ☐ NOTIFICATION FORM

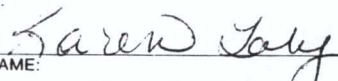
B. ☐ PART A PERMIT FORM FOR TSD FACILITIES
- C. ☐ BIOLOGICAL TEST PROCED.

D. ☐ GENERATOR ANNUAL REPORT FORM
- E. ☐ CHEMICAL TEST PROCED.

F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
- G. ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
- H. ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
- I. ☐ OTHER (specify) \_\_\_\_\_

15. CERTIFICATION (MUST BE SIGNED IN INK TO BE PROCESSED)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: 

PRINTED NAME: Karen Toly

OFFICIAL TITLE (Print) Vice President

DATE SIGNED: May 25, 1988